

When medical help is needed



When to call emergency services

Call your local emergency number immediately when a person is experiencing a potentially life-threatening problem. In the United States, this is generally 911; other countries use different services. Do not wait for a routine appointment or an online consultation when there is a risk of rapid deterioration.

Emergency warning signs include severe difficulty breathing, choking, blue or grey discoloration, chest pain or pressure, collapse, loss of consciousness, a seizure, sudden confusion, inability to speak normally, or sudden weakness or loss of movement. MedlinePlus also identifies severe bleeding and signs of stroke or another acute neurological problem as reasons for immediate emergency care. During pregnancy or after birth, these signs should be treated with the same urgency; pregnancy and the postpartum state can increase the complexity of assessment.

For a person in labor or recently postpartum, call emergency services if bleeding is heavy or uncontrolled, the person becomes faint or unresponsive, breathing is severely impaired, or a seizure occurs. While waiting, keep the person as safe and comfortable as possible, unlock the entrance, gather

medications and relevant medical information, and put the phone on speaker if that is practical. Do not offer food or drink to someone who is unconscious, severely confused, or likely to need an urgent procedure.

Urgent maternity symptoms that need prompt advice

Not every urgent problem requires an ambulance, but it may still require immediate contact with a maternity triage service, midwife, obstetrician, urgent-care clinician, or NHS 111 where that service is available. The appropriate route depends on local arrangements, gestational age, medical history, and how quickly symptoms are changing. An urgent hospital assessment in pregnancy may be appropriate even when symptoms are not dramatic.

Contact a maternity professional promptly for vaginal bleeding, suspected rupture of membranes, regular or unusually painful contractions, severe or persistent abdominal pain, a marked reduction or change in fetal movement, fever with feeling acutely unwell, or symptoms that are progressing rather than settling. Also seek urgent advice for a severe headache, visual disturbance, sudden swelling, or upper abdominal pain, because these can require assessment for hypertensive disorders of pregnancy. Do not assume that the absence of one classic sign makes the situation safe.

After delivery, urgent review is needed for increasing pelvic or abdominal pain, fever or rigors, foul-smelling vaginal discharge, a wound that is becoming more painful or inflamed, difficulty passing urine, or bleeding that is becoming heavier. Persistent vomiting, inability to keep fluids down, or severe weakness can also require assessment. The maternity team can decide whether you need telephone advice, a same-day examination, or emergency transfer.

Signs during labor and delivery

Labor commonly causes contractions, pressure, back pain, nausea, trembling, and exhaustion. The pattern and intensity vary considerably, so personal instructions from your maternity team should take priority. Call the team when labor begins according to your birth plan, and call sooner if you have been told that you have a higher-risk pregnancy or need assessment earlier.

Seek urgent help if contractions are accompanied by significant bleeding, severe constant pain between contractions, faintness, breathlessness, chest pain, or a sudden deterioration in general condition. If your waters break, note the time, the amount and appearance of the fluid, and whether it has an unusual odor. Green or brown fluid, blood-stained fluid, fever, or reduced fetal movement should be reported promptly. Do not delay because contractions have not yet become regular.

Sometimes the presenting part of the fetus is visible, there is an immediate urge to push, or birth appears imminent before transport to the planned setting is possible. Call emergency services and follow the dispatcher's instructions. If a trained professional is already present, communicate clearly and allow the team to coordinate care. An emergency may require additional obstetric, anesthetic, neonatal, or surgical support, so early communication can help the service prepare.

After birth: postpartum warning signs

Vaginal bleeding is expected after birth, but it should gradually lessen over time. Seek emergency help for heavy or uncontrolled bleeding, passing large clots with dizziness or weakness, collapse, severe shortness of breath, chest pain, or a fast deterioration. These may represent postpartum emergency warning signs and should not be assessed solely by comparing the amount of blood with another person's experience.

Contact a clinician urgently for fever, chills, worsening uterine or pelvic pain, severe perineal pain, an increasingly red or draining cesarean or perineal wound, or a new foul odor from vaginal discharge. A severe headache, visual changes, confusion, seizure, or high blood pressure after birth also requires prompt medical attention; pregnancy-related hypertensive complications can first become apparent postpartum.

One-sided leg swelling or pain, sudden breathlessness, chest pain, coughing blood, or fainting may indicate a clot-related emergency. New severe anxiety, agitation, hallucinations, delusional beliefs, or thoughts of harming yourself or the baby require immediate professional intervention. Tell another trusted adult, do not remain alone, and contact emergency or crisis services. Mental health emergencies are medical emergencies, not a failure of parenting.

When the newborn needs immediate help

Newborns can have irregular breathing and brief pauses, but a baby who is not breathing normally needs urgent assessment. Call emergency services if the newborn is not breathing, is gasping, remains blue or grey, is limp or unresponsive, has persistent choking, or cannot be awakened for feeding. Follow the dispatcher's instructions and begin neonatal resuscitation only as directed or as taught in an accredited course.

Seek urgent advice if the baby has repeated breathing difficulty, grunting, marked chest indrawing, persistent abnormal color, unusually poor feeding, repeated vomiting, a temperature concern, or far fewer wet diapers than expected. A baby who is unusually sleepy, difficult to rouse, weak, or markedly different from usual should be assessed promptly. Parents and caregivers do not need to identify the underlying diagnosis before calling.

Keep the newborn warm and supervised while help is arranged. Note when the change began, the baby's last feed, wet diapers, temperature if already measured, and any observed breathing or color changes. If the newborn was premature or has a known medical condition, use the neonatal team's specific escalation plan. For a newborn not breathing normally, emergency services take priority over transporting the baby privately.

How to communicate and prepare for assessment

When contacting a clinician, state your location, whether you are pregnant or postpartum, the baby's age if relevant, and the main symptom in the first sentence. Describe what changed, when it began, whether it is worsening, and any associated bleeding, pain, fever, breathing difficulty, faintness, reduced fetal movement, or altered consciousness. Use plain, concrete observations rather than trying to label the condition.

Have your pregnancy or discharge records, medication list, allergies, medical conditions, blood group information if known, and the maternity unit's contact details available. If you are calling about fetal movement or contractions, explain the pattern and what your maternity team has previously advised. If you are calling about bleeding, describe the amount and whether it is increasing,

while remembering that severe bleeding should trigger emergency services.

Ask the clinician to repeat the plan if pain, fear, language barriers, or fatigue make it difficult to process information. A support person can take notes, monitor symptoms, and help with transport, but should not delay emergency care. Clear communication with medical team in emergencies supports safer handover and helps clinicians decide whether telephone advice, urgent review, or emergency treatment is needed.